



DEVELOPMENT SERVICES DEPARTMENT

ADMINISTRATIVE DIVISION

276 Fourth Avenue Chula Vista CA 91910

619-691-5272

619-585-5681 FAX

REQUEST FOR EXTENSION OF PERIOD TO RESPOND

FORM 4558

TO: City of Chula Vista
Development Services Department
Attn: Building Permits/Research
276 Fourth Avenue
Chula Vista, CA 91910

Activity No. _____

I, _____
Name of Professional

with an
address of

Street No. Frac. Dir Street Name Suffix

City State Zip Code

request an extension of _____ days in order to respond to your letter dated _____, Activity No. _____, regarding my granting permission to make and deliver a duplicate of the official copy of building plans, specifications and calculations, reports and documents on file under the above-specified Activity Number

This request is made in accordance with Section 19851 or the State of California Health and Safety Code for the following reasons:

Signature of Professional Date

FOR BUILDING INSPECTION USE ONLY

ACTION OF THE CITY OF CHULA VISTA DEVELOPMENT SERVICES DEPARTMENT

☐ Extension Approved

☐ Extension Denied

By _____
Name (Records Section Supervisor)

on _____
Date

Registered letter delivered on: _____
Date

Response must be received by: _____
Date

Please call (619) 691-5272 with any questions.